FORM 1	STATEMENT OF	2006					
Please print or type your name, mailing address, agency name, and position below:	FINANCIAL INTERESTS	6 O7A					
LAST NAME FIRST NAME MIDDLEN PESCATTICE, M MAILING ADDRESS: 2712 SW 12th	Ave . For our sector use of Ave .						
Cape Coral 3:							
NAME OF AGENCY: Principal Orce NAME OF OFFICE OR POSITION HELD C	ID No.						
You are not limited to the space on the lines on CHECK ONLY IF CANDIDATE OF							
BOTH PARTS OF THIS SECTION MUST BE COMPLETED							
DISCLOSURE PERIOD: THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one): DECEMBER 31, 2006 OR SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR:							
MANNER OF CALCULATING REPORTABLE INTERESTS: THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one): COMPARATIVE (PERCENTAGE) THRESHOLDS OR DOLLAR VALUE THRESHOLDS OR							
PART A PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME	ME [Major sources of income to the reporting person] SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY					
	BIDD METROSIDANILEUS PARKWAY	EDUCA TON					
LEE (JUNY SCHOOL							
PART B SECONDARY SOURCES OF IN NAME OF N BUSINESS ENTITY	b businesses owned by the reporting person] PRINCIPAL BUSINESS ACTIVITY OF SOURCE						
NONE							
PART C REAL PROPERTY [Land, build	FILING INSTRUCTIONS for when and where to file this form are locat- ed at the bottom of page 2.						
54% OF 2712 SW	INSTRUCTIONS on who must file						
CAPE CORAL RESIDENCE - PRIVA	this form and how to fill it out begin on page 3.						
	OTHER FORMS you may need to file are described on page 6.						

PART D — INTANGIBLE PERSO TYPE OF INTANG	ONAL PROPERTY [Stoc	ks, bonds, certificates	of deposit, etc.] BUSINESS ENTITY	TO WHICH THE PR	ROPERTY RELATES	
STOCK		EXXON	MOBIL	CORP		
			,		·	
		· · · · · · · · · · · · · · · · · · ·			·····	
PART E — LIABILITIES [Major of NAME OF CRED	debts] DITOR	1	ADI	RESS OF CREDIT	OR	
BELOW THRESHOLDS						
SELVEN IM	RESHOLDS					
PART F — INTERESTS IN SPECI				····		
PART F - INTEREGIS IN SELST						
NAME OF	BUSINESS ENTI	TY # 1	BUSINESS ENT	TITY # 2	BUSINESS ENTITY # 3	
BUSINESS ENTITY	NONE					
ADDRESS OF BUSINESS ENTITY						
PRINCIPAL BUSINESS ACTIVITY					, , , , , , , , , , , , , , , , , , ,	
POSITION HELD WITH ENTITY						
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS						
NATURE OF MY OWNERSHIP INTEREST				re		
IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE						
		-			_	
SIGNATURE (required): DATE SIGNED (required):						

WHAT TO FILE:

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

Facsimiles will not be accepted.

NOTE:

MULTIPLE FILING UNNECESSARY:

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE:

IS OMO

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

FILING INSTRUCTIONS:

Local officers/employees file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 3600 Maclay Boulevard, South, Suite 201, Tallahassee, FL 32312.

Candidates file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

WHEN TO FILE:

(5)

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Candidates for publicly-elected local office must file at the same time they file their qualifying papers.

Thereafter, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

Finally, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.



SUPERVISOR OF ELECTIONS P.O. BOX 2545 FORT MYERS FL 33902-2545

FORT MYERS FL 33

Ասհերենենենենենեն